



The Toughest Cases – Homeless, Addicted, and Mentally Ill Veterans

“Today, VHA is the single largest direct care provider for homeless persons in the country, and we are a critically important – although often unrecognized – element in the nation’s public safety net.”

Kenneth W. Kizer, MD, MPH
Under Secretary for Health, Veterans Health Administration

“Even when homeless patients get care it may only stall an inexorable downward dive. We need more data, new ideas – better solutions to address the problem. In this way a socioeconomic, public policy, medical problem becomes grist for the research mill.”

John R. Feussner, MD
Chief Research and Development Officer, VHA Research and Development

How does homelessness impact veterans’ health care?

Homelessness is perhaps the most disorienting and devastating condition anyone could endure. On any given night as many as 250,000 veterans sleep on the streets or in shelters. Over the course of a year, perhaps twice as many veterans experience homelessness at some point. One-third of the adult homeless population has served their country in the Armed Services. For veterans suffering addiction or mental illness homelessness rapidly compounds the obstacles to well being. Tragically, nearly 40% of these homeless veterans suffer from severe, persistent and disabling mental illnesses – half of them also have substance abuse disorders.

Many other veterans are considered nearly homeless or at risk of it, from poverty, dismal living conditions, lack of family, friends, or a support network. Currently, the homeless Vietnam era veteran population is greater than the 58,000 service persons that died during that war. A small number of Desert Storm veterans also appear in the homeless population. Demographically, most homeless veterans are male, about 2% are female, the vast majority are single, with most coming from poor, disadvantaged backgrounds. Approximately, 40% of homeless veterans are African American or Hispanic.

Unquestionably, homelessness compromises the dignity due the men and women veterans who so steadfastly served

their country. Homelessness is a cruel fate, yet combined with serious mental illness (SMI), and/or addiction, it immeasurably impacts all health care services across the VA¹. The annual expenditures for inpatient mental health care clearly show one major impact – approximately 26% of the annual inpatient VA mental health expenditures (\$404 million) are spent on the care of homeless mentally ill veterans².

How is health services research helping alleviate the impact of homelessness on the VA health care system?

HSR&D research by its definition looks at how to reach patients and how specific treatment regimens are best organized. With homelessness compounding the cost of VA health care services in these veterans with multiple disorders, the data generated by HSR&D research helps identify the magnitude and costs of treatment, new therapies, and innovative strategies for treatment delivery. One example of this search results from a project at the Little Rock HSR&D Center of Excellence which suggests that education, along with process of care improvements, enhance providers’ ability to identify dual diagnosis patients. Effectively, the more the providers know, the better they can help these veterans get the range of services they need³.

Below are recent findings from HSR&D research projects addressing issues of homeless, addicted, and seriously mentally ill veterans.

Case Managed Residential Care – Closing the Revolving Door

When homeless, mentally ill, addicted veterans do seek care they often resist traditional interventions, entering the “revolving door” of recidivism. Targeting this challenging group, a randomized controlled five-year study at the Hines VA HSR&D Center of Excellence treated 358 homeless, chemically dependent veterans (25% were mentally ill). As a result of a three-month residential care program with hospital-based case management for a total of nine months of therapy, the Case Managed Residential Care (CMRC) approach was found more effective than the usual 21-day hospital program. Researchers found the CMRC approach clearly improved short-term outcomes in terms of health, employment, housing, and alcohol/drug use for this tough to treat group. Evidence indicates, however, that the case management for this group needs to be intensive, continuous, community-based and last for several years to maintain or increase the gains achieved in residential care.

Conrad KJ, Hultman CI, Pope AR, et al. Case managed residential care for homeless addicted veterans: results of a true experiment. Medical Care 36(1): 40-53, 1998. IIR 92-065

Practice Pattern Research Reveals the Magnitude and Costs of Serious Mental Illness

A national survey of residential status at time of admission was conducted on all VA inpatients on 9/30/95. Survey data were merged with computerized workload databases to assess service use and cost during the 6 months before and after the discharge date. Data from this study provides a big picture of VA services to seriously mentally ill, homeless, addicted veterans. These data help researchers evaluate variations in practice across VA medical centers and identify ways in which treatment might be improved. The survey found the annual cost of care for the homeless SMI and substance abusers, or both, is \$27,206, \$3,200 higher than for domiciled veterans, with approximately 26% of annual VA mental health expenditures (\$404 million) spent on the care of homeless veterans.

Rosenheck R, Seibyl CL. Homelessness: health service use and related costs. Medical Care 36(8): 1256-1264, 1998. PPR-002

Work as Therapy – Compensated Work Improves Homeless Addicted Veterans’ Outcomes

Compensated work as therapy (CWT) is a strategy designed to improve outcomes and reduce total health care costs for homeless addicted veterans. This multi-site randomized study, by an HSR&D researcher in the Dallas VA North Texas Health Care System, provided limited jobs in competitive and structured work environments. The CWT project called for participants to seek outpatient addiction treatment, reduce

their frequency of substance use, improve substance use-related physical health, and improve physical functioning. Researchers found that CWT substantially helps veterans achieve these outcomes.

T. Michael Kashner, PhD, MPH; HSR&D Dallas, VAMC. IIR 92-043

References:

1. Department of Veterans Affairs, VHA, Mental Health Strategic Health Care Group (1999). *Homelessness among veterans*. Available at <http://www.va.gov/health/homeless/index.htm> [January 26, 1999].
2. Rosenheck R, Seibyl, CL. *Homelessness: health service use and related costs*. *Medical Care* 36(8): 1256-1264.
3. Kirchner JE, Owen RR, Nordquist C, Fischer EP. *Diagnosis and management of substance abuse disorders among inpatients with schizophrenia*. *Psychiatric Services* 49(1): 82-85, 1998. PPR-002.

For additional information:

GAO. *Substance abuse treatment: VA programs serve psychologically and economically disadvantaged veterans*. GAO/HEHS-97-6. Washington, DC: General Accounting Office, November, 1996.

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